

PROOF OF CLAIM

Name of Debtor Debit Corporation of America, Inc.		Case Number 04-14360 - BKC - AJC		FILED BY <u> </u> CLERK U.S. BANKRUPTCY CT SD OF FLA. MIA - OFFICE	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Joseph Urbano Name and Address where notices should be sent: Joseph Urbano 129 Independence Drive Morrisville PA 19067-4910 Telephone Number: <u>706-965-8639</u>		Frank B Perry 346 Old County Rd Ringsold, GA 30736		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if this claim		<input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer fraud</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: <u>8-19-03</u>		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ <u>9,500 +</u> + _____ + _____ = _____ (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)					
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.			
6. Unsecured Nonpriority Claim \$ <u>9,500 +</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)		10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date <u>6-22-04</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Frank B. Perry, Attorney</u>				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003770County BucksPurchaser's Name Joseph F. URBANODate 7/15/03Purchaser's Address 129 INDEPENDENCE DR.City MorrisvilleState PAZip 19067Home Phone 215-295-6322Business Phone 215-932-7778

No. of Sales

Systems to ship: 3

Face Value of Prepaid MasterCard

Activation Certificates to ship: 3,000 -

Purchase Price Sales Systems	\$ <u>9,500.00</u>
Purchase Price of Additional Items	\$ <u>N/C</u>
Total	\$ <u>9,500.-</u>
Sales Tax (FL Residents Only)	\$ <u>N/C</u>
Amount Paid	\$ <u>9,500.-</u>

Special Provisions Purchaser CAN BUY ADDITIONAL SALES SYSTEMS
AT 1,000.00 ea.Sending check # 2247 For 9,500.-

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

By: 

COMPANY OFFICER

By: 

BUYER

AIN # BO2403

ACCEPTED AND APPROVED

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.

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JOSEPH F. URBANO
MARILYN S. URBANO
128 INDEPENDENCE DRIVE
MORRISVILLE, PA 19067

2247

55-33212

0100130228 3426 3457 08 2/15/83

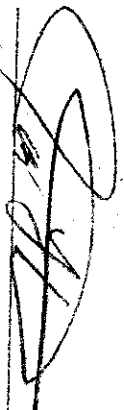
Pay to the order of Debit Corp of America \$ 8.50

One Thousand Four Hundred - Eighty Dollars

FLEET BANK
FAIRLESS HILLS, PA 19000

Security Features
Included: Durable
or Disk

to ED # 003770



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ARTISTIC CHECKS, INC. 1-800-224-7921 www.artisticchecks.com

